

Maryland 2001 Behavioral Risk Factor Surveillance System Questionnaire

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I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information. The interview may be monitored for quality assurance purposes.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read		
	Excellent	1
	Very good	2
	Good	3
	Fair	4
	or	
	Poor	5
Do not read	Don't know/Not sure	7
these responses	Refused	9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

Number of days	— —
None	8 8
Don't know/Not sure	7 7
Refused	9 9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(75-76)

Number of days	— —
None	8 8
Don't know/Not sure	7 7
Refused	9 9

If Q1.2 and Q1.3=88, Go to Q2.1

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-

78)

Number of days		
None	8	8
Don't know/Not sure	7	7
Refused	9	9

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

Yes		1
No	Go to Q2.3	2
Don't know/Not sure	Go to Q2.3	7
Refused	Go to Q2.3	9

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> person who you think of?"	Yes, only one	1
	More than one	2
	No	3
	Don't know/Not sure	7
	Refused	9

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

Yes		1
No	Go to Q5.1	2
Don't know/Not sure	Go to Q5.1	7
Refused	Go to Q5.1	9

4.2. Are you currently taking medicine for your high blood pressure? (84)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

Yes		1
No	Go to Q6.1	2
Don't know/Not sure	Go to Q6.1	7
Refused	Go to Q6.1	9

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1
Within the past 2 years (1 year to less than 2 years ago)	2
Within the past 5 years (2 years to less than 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Refused	9

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

Yes		1
No	Go to Q7.1	2
Don't know/Not sure	Go to Q7.1	7
Refused	Go to Q7.1	9

6.2. Do you still have asthma? (89)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and female, ask "Was this only when you were pregnant?"	Yes	1
	Yes, but female told only during pregnancy	2
	No	3
	Don't know/Not sure	7
	Refused	9

Section 8: Arthritis

- 8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)
- | | | |
|---------------------|-------------------|---|
| Yes | | 1 |
| No | Go to Q8.5 | 2 |
| Don't know/Not sure | Go to Q8.5 | 7 |
| Refused | Go to Q8.5 | 9 |
- 8.2. Were these symptoms present on most days for at least one month? (92)
- | | | |
|---------------------|--|---|
| Yes | | 1 |
| No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |
- 8.3. Are you now limited in any way in any activities because of joint symptoms? (93)
- | | | |
|---------------------|--|---|
| Yes | | 1 |
| No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |
- 8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)
- | | | |
|---------------------|--|---|
| Yes | | 1 |
| No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |
- 8.5. Have you ever been told by a doctor that you have arthritis? (95)
- | | | |
|---------------------|-------------------|---|
| Yes | | 1 |
| No | Go to Q9.1 | 2 |
| Don't know/Not sure | Go to Q9.1 | 7 |
| Refused | Go to Q9.1 | 9 |
- 8.6. Are you currently being treated by a doctor for arthritis? (96)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	Yes		1
	No	Go to Q11.1	2
	Don't know/Not sure	Go to Q11.1	7
	Refused	Go to Q11.1	9

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

Every day		1
Some days		2
Not at all	Go to Q11.1	3
Refused	Go to Q11.1	9

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

Days per week		1	___	___
Days in past 30		2	___	___
No drinks in past 30 days	Go to Q12.1	8	8	8
Don't know/Not sure	Go to Q12.1	7	7	7
Refused	Go to Q12.1	9	9	9

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

Number of drinks		___	___
Don't know/Not sure		7	7
Refused		9	9

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

Number of times		___	___
None		8	8
Don't know/Not sure		7	7
Refused		9	9

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 13: Demographics

13.1. What is your age? (110-111)

Code age in years	
Don't know/Not sure	0 7
Refused	0 9

13.2. Are you Hispanic or Latino? (112)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

13.3. Which one or more of the following would you say is your race? (113-118)
{MUL 6}

Please Read

Mark all that apply	White	1
	Black or African American	2
	Asian	3
	Native Hawaiian or Other Pacific Islander	4
	American Indian, Alaska Native	5
	or	
	Other [specify] _____	6
	No additional choices	8
Do not read these responses	Don't know/Not sure	7
	Refused	9

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

White	1
Black or African American	2
Asian	3
Native Hawaiian or Other Pacific Islander	4
American Indian, Alaska Native	5
Other [specify] _____	6
Don't know/Not sure	7
Refused	9

13.5. Are you: (120)

Please Read

Married	1
Divorced	2
Widowed	3
Separated	4
Never married	5
or	
A member of an unmarried couple	6

Do not read Refused 9

13.6. How many children less than 18 years of age live in your household? (121-122)

Number of children 7= 7 or more	
None	0 8
Refused	0 9

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

Never attended school or only attended kindergarten	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6
Refused	9

13.8. Are you currently: (124)

Please Read

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
A Homemaker	5
A Student	6
Retired	7
or	
Unable to work	8

Do not read Refused 9

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)	0 4
	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)	0 3
	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)	0 2
	Less than \$10,000 If "no," code 02	0 1
	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)	0 5
	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)	0 6
	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)	0 7
	\$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

13.10. About how much do you weigh without shoes? (127-129)

Round **Weight** — — —

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fractions up			pounds
	Don't know/Not sure		7 7 7
	Refused		9 9 9
13.11.	About how tall are you without shoes?		(130-132)
Round	Height		<u> </u> <u> </u> <u> </u>
fractions down			ft/inches
	Don't know/Not sure		7 7 7
	Refused		9 9 9
13.12.	What county do you live in?		(133-135)
	FIPS county code		<u> </u> <u> </u> <u> </u>
	Don't know/Not sure		7 7 7
	Refused		9 9 9
13.13.	Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.		(136)
	Yes		1
	No	Go to Q13.15	2
	Don't know/Not sure	Go to Q13.15	7
	Refused	Go to Q13.15	9
13.14.	How many of these are residential numbers?		(137)
	Residential telephone numbers [6=6 or more]		<u> </u>
	Don't know/Not sure		7
	Refused		9
13.15.	How many adult members of your household currently use a cell phone for any purpose?		(138)
	Number of adults		<u> </u>
	None		8
	Don't know/Not sure		7
	Refused		9
13.16.	Indicate sex of respondent. Ask only if necessary		(139)
	Male	Go to Q14.1	1

Female	2
--------	---

If respondent 45 years old or older, go to Q14.1

13.17. To your knowledge, are you now pregnant? (140)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

Include occasional use or use in certain circumstances	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

Section 15: Physical Activity

If Q13.8=1,2, Ask q15.1, Else go to Q15.2

15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	Mostly sitting or standing	1
	Mostly walking	2
	or Mostly heavy labor or physically demanding work	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

Yes		1
No	Go to Q15.5	2
Don't know/Not sure	Go to Q15.5	7
Refused	Go to Q15.5	9

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

Days per week		
Do not exercise at least 10 minutes weekly	Go to Q15.5	<u>8</u> <u>8</u>
Don't know/Not sure		7 7
Refused		9 9

15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

Hours and minutes per day	: <u> </u> <u> </u>
Don't know/Not sure	7 7 7
Refused	9 9 9

15.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

Yes		1
No	Go to Q16.1	2
Don't know/Not sure	Go to Q16.1	7
Refused	Go to Q16.1	9

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

Days per week		<u> </u> <u> </u>
Do not exercise at least 10 minutes weekly	Go to Q16.1	8 8
Don't know/Not sure		7 7
Refused		9 9

15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

Hours and minutes per day	: <u> </u> <u> </u>
Don't know/Not sure	7 7 7
Refused	9 9 9

Section 16: Prostate Cancer Screening

If Respondent is female, or Q13.1<40, Go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

Yes		1
No	Go to Q16.3	2
Don't Know/not Sure	Go to Q16.3	7
Refused	Go to Q16.3	9

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)		1
Within the past 2 years (1 year to less than 2 years ago)		2
Within the past 3 years (2 years to less than 3 years ago)		3
Within the past 5 years (3 years to less than 5 years ago)		4
5 or more years ago		5
Don't know		7
Refused		9

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

Yes		1
No	Go to Q16.5	2
Don't know/Not sure	Go to Q16.5	7
Refused	Go to Q16.5	9

16.4. How long has it been since your last digital rectal exam? (159)

Within the past year (anytime less than 12 months ago)		1
Within the past 2 years (1 year to less than 2 years ago)		2
Within the past 3 years (2 years to less than 3 years ago)		3
Within the past 5 years (3 years to less than 5 years ago)		4
5 or more years ago		5
Don't know		7
Refused		9

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 17: Colorectal Cancer Screening

If Q13.1<50, Go to Q18.1

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

Yes		1
No	Go to Q17.3	2
Don't know/Not sure	Go to Q17.3	7
Refused	Go to Q17.3	9

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)		1
Within the past 2 years (1 year to less than 2 years ago)		2
Within the past 3 years (2 years to less than 5 years ago)		3
5 or more years ago		4
Don't know		7
Refused		9

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164)

Yes		1
No	Go to HIV/AIDS Section	2
Don't know/Not sure	Go to HIV/AIDS Section	7
Refused	Go to HIV/AIDS Section	9

State Added: Colon Cancer Screening

Ask if 17.3=1, Else go to HIV/AIDS

MD3_1. Which of the two tests did you have the last time you had the procedure: a sigmoidoscopy or a colonoscopy? (411)

Sigmoidoscopy	1
Colonoscopy	2
Don't know	7
Refused	9

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1	
Within the past 2 years (1 year to less than 2 years ago)	2	
Within the past 5 years (2 years to less than 5 years ago)	3	
Within the past 10 years (5 years but less than 10 years ago)		4
10 or more years ago	5	
Don't know	7	
Refused	9	

Section 18: HIV/AIDS

If Q13.1>64, Go to Transition to Modules

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

True	1
False	2
Don't know/Not Sure	7
Refused	9

- 18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

True	1
False	Go to Q18.4
Don't know/Not Sure	Go to Q18.4
Refused	Go to Q18.4

- 18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

Please Read

Very effective	1
Somewhat effective	2
or	
Not at all effective	3

Do not read these responses	Don't know/Not sure	7
	Refused	9

18.4. How important do you think it is for people to know their HIV status by getting tested? (169)

Would you say:

	Please Read	
	Very important	1
	Somewhat important	2
	or	
	Not at all important	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (170)

Include saliva tests	Yes		1
	No	Go to Q18.9	2
	Don't know/Not sure	Go to Q18.9	7
	Refused	Go to Q18.9	9

18.6. Not including blood donations, in what month and year was your last HIV test? **Note: If HIV test occurred before January 1985 enter 7777, Don't know/Not sure.**

		(171-174)
Include saliva tests	Code month and year	____/____
	Don't know/Not sure	7 7 7 7
	Refused	6 6 6 6

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]? (175-176)

Read Only if Necessary

For hospitalization or surgical procedure	0 1
To apply for health insurance	0 2
To apply for life insurance	0 3
For employment	0 4
To apply for a marriage license	0 5
For military induction-or military service	0 6
For immigration	0 7
Just to find out if you were infected	0 8
Because of referral by a doctor	0 9
Because of pregnancy	1 0
Referred by your sex partner	1 1
For routine check-up	1 3
Because of occupational exposure	1 4
Because of illness	1 5
Because I am at risk for HIV	1 6
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

Read Only if Necessary

Private doctor, HMO	0 1
Blood bank, plasma center, Red Cross	0 2
Health department	0 3
AIDS clinic, counseling, testing site	0 4
Hospital, emergency room, outpatient clinic	0 5
Family planning clinic	0 6
Prenatal clinic, obstetrician's office	0 7
Tuberculosis clinic	0 8
STD clinic	0 9
Community health clinic	1 0
Clinic run by employer	1 1
Insurance company clinic	1 2
Other public clinic	1 3
Drug treatment facility	1 4
Military induction or military service site	1 5
Immigration site	1 6
At home, home visit by nurse or health worker	1 7
At home using self-sampling kit	1 8
In jail or prison	1 9
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Transition to Modules and State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 1: Diabetes

If Q7.1=1, continue, otherwise go to Quality of Life & Care Giving Module

MOD1_1.	How old were you when you were told you have diabetes?	(180-181)
	Code age in years [97 = 97 and older]	__ __
	Don't know/Not sure	9 8
	Refused	9 9
MOD1_2.	Are you now taking insulin?	(182)
	Yes	1
	No	2
	Refused	9
MOD1_3.	Are you now taking diabetes pills?	(183)
	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

MOD1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (184-186)

Times per day	1	__	__
Times per week	2	__	__
Times per month	3	__	__
Times per year		4	__
Never	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

Times per day	1	__	__
Times per week	2	__	__
Times per month	3	__	__
Times per year		4	__
Never	8	8	8
No feet	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

Number of times	__	__
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD1_8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

Number of times [76 = 76 or more]	
None	8 8
Never heard of hemoglobin "A one C" test	9 8
Don't know/Not sure	7 7
Refused	9 9

If MOD1_5 =555, Go to MOD1_10

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

Number of times	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

Within the past month (anytime less than 1 month ago)	1
Within the past year (1 month but less than 12 months ago)	2
Within the past 2 years (1 year but less than 2 years ago)	3
2 or more years ago	4
Never	8
Don't know/Not sure	7
Refused	9

MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_12.	Have you ever taken a course or class in how to manage your diabetes yourself?		(199)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	

Module 3: Quality of Life and Care Giving

If Q14.1=1 or Q14.2 =1, continue, otherwise, go to MOD3_5.

If Q14.1=1: Previously you said that you have a physical, mental, or emotional problem that limits your activities.

If Q14.1=2, 7, or 9 and Q14.2=1: Previously you said you use special equipment because of a health problem.

MOD3_1. What is your major impairment or health problem? (214-215)

Reason code — —

Read Only if Necessary

Arthritis/rheumatism	01
Back or neck problem	02
Fractures, bone/joint injury	03
Walking problem	04
Lung/breathing problem	05
Hearing problem	06
Eye/vision problem	07
Heart problem	08
Stroke problem	09
Hypertension/high blood pressure	10
Diabetes	11
Cancer	12
Depression/anxiety/emotional problem	13
Other impairment/problem	14
Don't know/Not sure	77
Refused	99

MOD3_2. For how long have your activities been limited because of your major impairment or health problem? (216-218)

Days	1	__	__
Weeks	2	__	__
Months	3	__	__
Years	4	__	__
Don't know/Not Sure	7	7	7
Refused	9	9	9

MOD3_3. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (219)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD3_4. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (220)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD3_5. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? (221-222)

Number of days	__	__
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD3_6. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (223-224)

Number of days	— —
None	88
Don't know/Not sure	77
Refused	99

MOD3_7. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (225-226)

Number of days	— —
None	88
Don't know/Not sure	77
Refused	99

MOD3_8. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (227-228)

Number of days	— —
None	88
Don't know/Not sure	77
Refused	99

MOD3_9. During the past 30 days, for about how many days have you felt very healthy and full of energy? (229-230)

Number of days	— —
None	88
Don't know/Not sure	77
Refused	99

If MOD3_3(<>)1, Go to MOD3_12

MOD3_10. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (231-232)

Reason code — —

Read Only if Necessary

If a relative that is paid, code as appropriate	Husband/wife/partner	0 1
	Parent/son/son-in-law/daughter/daughter-in-law	0 2
	Other relative	0 3
	Unpaid volunteer	0 4
	Paid employee or home health service	0 5
	Friend or neighbor	0 6
	Combination of family and/or friends and/or paid help	0 7
	Other	0 8
	No one helps me Go to MOD 3_12	0 9
	Don't Know/Not Sure	7 7
Refused	9 9	

MOD3_11. Is the assistance you receive to meet your personal care needs from all sources: (233)

Please Read

	Usually adequate	1
	Sometimes adequate	2
	or	
	Rarely adequate	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

If MOD3_4(<>)1, Go to Module 4

MOD3_12. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (234-235)

Reason code — —

Read Only if Necessary

If a relative that is paid, code as appropriate relative	Husband/wife/partner	0 1
	Parent/son/son-in-law/daughter/daughter-in-law	0 2
	Other relative	0 3
	Unpaid volunteer	0 4
	Paid employee or home health service	0 5
	Friend or neighbor	0 6
	Combination of family and/or friends and/or paid help	0 7
	Other	0 8
	No one helps me	Go to Module 4, Health Care Coverage 0 9
	Don't Know/Not Sure	7 7
Refused	9 9	

MOD3_13. Is the assistance you receive to meet your routine needs from all sources: (236)

Please Read

Do not read these responses	Usually adequate	1
	Sometimes adequate	2
	or	
	Rarely adequate	3
	Don't know/Not sure	7
Refused	9	

Module 4: Health Care Coverage and Utilization

The next questions are about health care.

If Q2.1=1,7, or 9, Go to MOD4_3

MOD4_1. What is the main reason you are without health care coverage? (237-238)

Read Only if Necessary

Lost job or changed employers	0 1
Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
Became divorced or separated	0 3
Spouse or parent died	0 4
Became ineligible because of age or because left school	0 5
Employer doesn't offer or stopped offering coverage	0 6
Cut back to part time or became temporary employee	0 7
Benefits from employer or former employer ran out	0 8
Couldn't afford to pay the premiums	0 9
Insurance company refused coverage	1 0
Lost Medicaid or Medical Assistance eligibility	1 1
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

MOD4_2. About how long has it been since you had health care coverage? (239)

Read Only if Necessary

Within the past 6 months (anytime less than 6 months ago)	1
Within the past year (6 months but less than 12 months ago)	2
Within the past 2 years (1 year but less than 2 years ago)	3
Within the past 5 years (2 years but less than 5 years ago)	4
5 or more years ago	5
Don't know/Not sure	7
Never	8
Refused	9

If Q2.2 (<>)1, Go to MOD4_4

MOD4_3. What was the main reason you were without health care coverage during the past 12 months? (240-241)

Read Only if Necessary

Lost job or changed employers	0 1
Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
Became divorced or separated	0 3
Spouse or parent died	0 4
Became ineligible because of age or because left school	0 5
Employer doesn't offer or stopped offering coverage	0 6
Cut back to part time or became temporary employee	0 7
Benefits from employer or former employer ran out	0 8
Couldn't afford to pay the premiums	0 9
Insurance company refused coverage	1 0
Lost Medicaid or Medical Assistance eligibility	1 1
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

MOD4_4. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (242)

If "no," ask	Yes	Go to MOD4_6	1
"Is there <u>more</u>	More than one place		2
<u>than one</u> or is	No	Go to MOD4_7	3
there <u>no</u> place	Don't know/Not sure	Go to MOD4_7	7
you usually	Refused	Go to MOD4_7	9
go to?"			

MOD4_5. Is there one of these places that you go to most often when you are sick or need advice about your health? (243)

Yes		1
No	Go to MOD4_7	2
Don't know/Not sure	Go to MOD4_7	7
Refused	Go to MOD4_7	9

MOD4_6. What kind of place is it? (244)

Would you say: **Please Read**

A doctor's office or HMO	1
A clinic or health center	2
A hospital outpatient department	3
A hospital emergency room	4
An urgent care center	5
or	
Some other kind of place	8

Do not read	Don't know/Not sure	7
these responses	Refused	9

MOD4_7. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (245)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD4_8. About how long has it been since you last visited a doctor for a routine checkup? (246)

Read Only if Necessary

A routine	Within the past year (anytime less than 12 months ago)	1
checkup is a	Within the past 2 years (1 year but less than 2 years ago)	2
general phys-	Within the past 5 years (2 years but less than 5 years ago)	3
ical exam, not	5 or more years ago	4
an exam for	Don't know/Not sure	7
a specific	Never	8
injury, ill-	Refused	9
ness, or con-		
dition		

State Added: Mental Health

MD1_1. In the past twelve months, have you seen anyone about your mental health? (400)

Yes		1
No	Go to MD1_3	2
Don't Know/ Not Sure	Go to MD1_3	7
Refused	Go to MD1_3	9

MD1_2. Who did you see? (401)

Your primary care physician	Go to MD1_5	1
A Psychiatrist	Go to MD1_5	2
Another mental health professional	Go to MD1_5	3
Don't Know/ Not sure	Go to MD1_5	7
Refused	Go to MD1_5	9

MD1_3. In your lifetime, have you ever seen anyone for a mental health problem? (402)

Yes		1
No	Go to MD1_5	2
Don't Know/ Not Sure	Go to MD1_5	7
Refused	Go to MD1_5	9

MD1_4. Who did you see? (403)

Your primary care physician		1
A Psychiatrist		2
Another mental health professional		3
Don't Know/ Not sure		7
Refused		9

MD1_5. At any time in your life, has a physician, psychiatrist, or other mental health professional given you a diagnosis of depression? (404)

Yes		1
No		2
Don't Know/ Not Sure		7
Refused		9

MD1_6. At any time in your life, have you received treatment for depression? (405)

Yes		1
No	Go to State Added: Arthritis	2
Don't Know/ Not Sure	Go to State Added: Arthritis	7
Refused	Go to State Added: Arthritis	9

MD1_7. Who provided the treatment? (406)

Your primary care physician		1
A Psychiatrist		2
Another mental health professional		3
Don't Know/ Not sure		7
Refused		9

State Added: Arthritis

Ask if Core (8.1=1 and 8.2=1) or 8.5=1

MD2_1. Have you ever attended any arthritis patient education or self-help program? (407)

Yes		1
No	Go to MD2_3	2
Don't Know/ Not Sure	Go to MD2_3	7
Refused	Go to MD2_3	9

MD2_2. Where did you attend the program? (408)

Arthritis Foundation Office		1
Hospital		2
Medical Office/Clinic		3
Local Health Department		4
Senior Center/Community Center		5
Other		6
Don't Know/Not Sure		7
Refused		9

Go to state added asthma

MD2_3. What was the most important reason that you did not attend any arthritis patient education or self-help program? (Read only if necessary) (409-410)

Did not know one existed		01
Doctor did not tell me to		02
Don't think it is necessary		03
Not interested		04
Too far from home		05
Transportation problem		06
Cost too much		07
Not enough time		08
Other		09
Don't Know/Not Sure		77
Refused		99

State Added: Asthma

If Core 13.6= 88, or 99, Go to State Added: Lead

MD4_1a. **If Q13.6=1 Ask:** Earlier you said that there was one child under the age of 18 living in your household. Has this child been diagnosed with asthma by a health care provider?
(412-413)

Yes		01
No	Go to State Added: Lead	88
Don't know/Not Sure	Go to State Added: Lead	77
Refused	Go to State Added: Lead	99

MD4_1b. **If Q13.6 >= 2 Ask:** Earlier you said that there were {Restore # of Children for Q13.6} children under the age of 18 living in your household. How many of these children have been diagnosed with asthma by a health care provider?
(412-413)

Code Number		— —
None	Go to State Added: Lead	88
Don't know/Not Sure	Go to State Added: Lead	77
Refused	Go to State Added: Lead	99

MD4_2a. **If MD4_1=01 Ask:** How old is this child?
(414-415)

Code Age (1-17)		— —
Don't know/Not Sure		77
Refused		99

MD4_2b. **If MD4_1 > 01 Ask:** How old is your oldest child who has asthma?
(414-415)

Code Age (1-17)		— —
Don't know/Not Sure		77
Refused		99

MD4_3. In the past 12 months, what is the number of school days missed by your {oldest} child with asthma?

		(416-417)
Number of days		— —
None		88

Child with asthma does not attend school	76
Don't Know/Not Sure	77
Refused	99

State Added: Lead

MD5_1. **If Q13.6=1 Ask:** Earlier you said that there was one child under the age of 18 living in your household. Has your child ever lived or stayed at a home or day care center that was more than 20 years old? (418)

Yes		1
No	Go to Closing Statement	2
Don't Know/ Not Sure	Go to Closing Statement	7
Refused	Go to Closing Statement	9

If Q13.6>= 2 Ask: Earlier you said that there were {Restore # of Children for Q13.6} children under the age of 18 living in your household. Have your children ever lived or stayed at a home or day care center that was more than 20 years old? (418)

Yes		1
No	Go to Closing Statement	2
Don't Know/ Not Sure	Go to Closing Statement	7
Refused	Go to Closing Statement	9

MD5_2. **If Q13.6=1 Ask:** Has your child had a blood test for lead poisoning?

If Q13.6μ2 Ask: Have any of your children had a blood test for lead poisoning? (419)

Yes		1
No	Go to Closing Statement	2
Don't Know/ Not Sure	Go to Closing Statement	7
Refused	Go to Closing Statement	9

MD5_3. Referring to tested children, have you ever been told your child{ren} had an elevated, higher than normal, blood lead level? (420)

Yes		1
No		2
Don't Know/ Not Sure		7
Refused		9

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.